

## Department of Labor 5 Green Mountain Drive, PO Box 488 Montpelier, VT 05601-0488

## **SELF-INSURER'S REPORT**

DUE MARCH 1<sup>st</sup>

		Ca	lendar Year	:	_
Co	mpany:				
1.	Total Workers' Comp	pensation Benefi	ts paid for tl	he reporting perio	od:
		(a)	Indemnity:	\$	<u></u>
		(b)	Medical:	\$	
		(c)	Other:	\$	
		(d)	Total:	\$	<u></u>
2.	Assessment due [line	(d) x .01]:		\$	<u></u>
	Technological Assessment [line (d) X .0025]:			\$	*For all losses from July 1, 2013 forward
3.	Claims for which ben provided that all the i		ested is pres	sent):	s may be included on a separate form
Name		Date of Injury		State File Number	
					<del></del>
					<del></del>
			_		
			<u> </u>		
			<u> </u>		